## Form **8871** (Rev. July 2003)

## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury Internal Revenue Service

**General Information** 

10b If 'Yes,' list the state where the organization files reports:

1 Name of organization	Employer identification number					
JES Defense Fund	45 - 4899596					
2 Mailing address (P.O. box or number, street, and room or suite number)						
1110 Woodriver Drive						
City or town, state, and ZIP code						
Twin Falls, ID 83301 -						
3 Check applicable box:   ✓ Initial notice	e _ Amended notice _ Final notice					
4a Date established	4b Date of material change					
08/16/2013	08/16/2013					
5 E-mail address of organization						
jasoncpowers@gmail.com						
6a Name of custodian of records	6b Custodian's address					
Corie Cowan	1110 Woodriver Drive					
	Twin Falls, ID 83301 -					
7a Name of contact person	7b Contact person's address					
Jason Powers	136 Hebert Avenue Suite 204					
	Park City, UT 84060 -					
8 Business address of organization (if different	from mailing address shown above). Number, street, and room or suite number					
1110 Woodriver Drive						
City or town, state, and ZIP code						
Twin Falls, ID 83301 -						
9b Election authority 9b Election authority identification number						
NONE						
Part II Notification of Claim of Exemption From Filing Certain Forms (see instructions)						
10a Is this organization claiming exemption from filing Form 8872, Political Organization Report of Contributions and Expenditures, as a						
qualified state or local political organization? Yes No <u>✓</u>						

11 Is this organization claiming exemption from filing Form 990 (or 990-EZ), Return of Organization Exempt from Income Tax, as a caucus or associations of state or local officials? Yes \_ No ✓

## Purpose

Part III Purpose

12 Describe the purpose of the organization

Any purpose legally allowed under section 527 of the Internal Revenue Code.

Part IV	List of All Related	Entities (see instructions	S)			
13 Check if t	he organization has no re	•				
	•					
<b>14a</b> Name (	of related entity	14b Relationship	14c Address			
Part V	List of All Officers	s, Directors, and Highly	Compensated Employees	(see instructions)		
15a Name		15b Title	15c Address			
Corie Cowan		Treasurer	PO Box 901483			
			Sandy, UT 84090 -			
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	Under penalties of perjury, I declare that the organization named in Part I is to be treated as a tax-exempt organization described in section 52 Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my known and belief, it is true, correct, and complete. I further declare that I am the official authorized to sign this report, and I am signing by entering me below.					
	Corie Cowan		08/	/16/2013		
Sign Here	Name of authorized	official	<b></b> • -	Date		